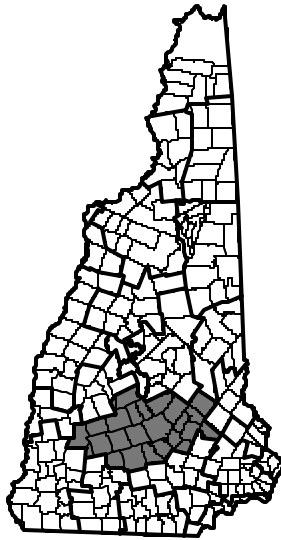


# Concord Healthcare Service Area Regional Health Profile



This narrative is part of a larger effort, the *New Hampshire Regional Health Profiles*, and grew out of a mandate established by the Legislature in its passage of SB 183 in 1999. That bill amended RSA 126A to include a requirement for the Department of Health and Human Services to continually assess the health status of the State's residents and to make its findings available in a report issued every two years.

This narrative was jointly developed by the Dartmouth Hitchcock Alliance and the Department and is the first to be issued under this legislation. The *Regional Profiles* provide a means for residents, community leaders, planners and providers to gain a better understanding of the health status of the State's residents and communities.

The *Regional Profiles* provides information that can be used to establish local *Healthy New Hampshire 2010* targets and to meet the needs assessment expectations of the State's Community Benefits legislation.

## Overview of the HSA

The Concord Healthcare Service Area (HSA) consists of 24 towns. Together these towns had an estimated population of almost 115,000 in 1998 and cover an area of 865 square miles. In terms of square miles and number of towns, this is the largest HSA in the state. Overall, there are 133 people per square mile. The age of Concord residents largely parallels the rest of the state, with slightly fewer 18-24 year olds, as depicted in the Demographic Profile below.

Town Name	1998 Pop Est	% of HSA Pop	% of HSA Self Pay Admissions	Ratio of Self-Pay Admissions to Pop Pct	1996 Per Capita Income	Pop Density (persons per sq. mi.)	Miles to Nearest Hospital*
Allenstown	4,850	4%	10%	2.3	\$14,807	237	8
Barnstead	3,237	3%	3%	1.0	\$15,616	75	21
Boscawen	3,607	3%	0%	0.0	\$14,166	145	9
Bow	6,503	6%	2%	0.3	\$24,092	231	2
Bradford	1,416	1%	1%	1.1	\$19,771	40	13
Canterbury	1,800	2%	1%	0.5	\$23,755	41	12
Chichester	2,115	2%	0%	0.0	\$16,738	100	8
Concord City	38,180	33%	14%	0.4	\$18,129	597	-
Deering	1,765	2%	0%	0.0	\$16,118	58	25
Dunbarton	2,094	2%	0%	0.0	\$21,422	68	11
Epsom	3,896	3%	4%	1.2	\$16,756	113	12
Henniker	4,139	4%	3%	0.7	\$18,630	94	17
Hillsborough	4,665	4%	6%	1.4	\$15,776	107	22
Hopkinton	5,059	4%	2%	0.3	\$31,761	117	8
Loudon	4,553	4%	39%	9.8	\$16,920	99	8
Northwood	3,283	3%	3%	1.0	\$16,192	117	15
Pembroke	6,733	6%	0%	0.1	\$19,165	297	6
Pittsfield	3,961	3%	6%	1.9	\$13,060	164	14
Salisbury	1,137	1%	1%	0.5	\$17,127	29	7
Warner	2,483	2%	2%	0.7	\$23,056	45	15
Washington	812	1%	0%	0.6	\$15,808	18	22
Weare	6,865	6%	5%	0.8	\$18,698	116	17
Webster	1,498	1%	0%	0.0	\$16,257	53	17
Windsor	119	0%	0%	0.1	\$18,285	14	27
<b>HSA Total</b>	<b>114,770</b>				<b>\$18,592</b>	<b>133</b>	
New Hampshire	1,185,000				\$18,697	132	

\* = Nearest Hospital may be in a different HSA

- 1998 Population Estimate = New Hampshire Office of State Planning.
- Percent of HSA Self Pay Admissions = Each community's share of individual overnight hospital admissions for the full HSA that are recorded as "Self Pay" on the Uniform Hospital Discharge Data Set for 1998.
- Ratio of Self-Pay Admissions to Population Percentage = Percent of HSA self-pay admissions divided by the percent of HSA population. A higher ratio reflects a greater proportion of

individuals within a community who must cover the costs of hospitalization from their personal resources, i.e., they do not have health insurance coverage for the hospitalization.

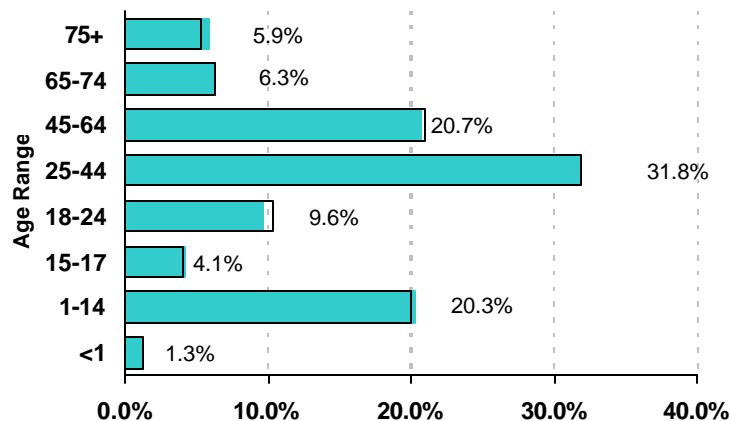
- 1996 Per Capita Income = Office of State Planning, from the Department of Revenue Administration.
- Population Density = Total square miles from the Office of State Planning, divided by the 1998 Population Estimate.
- Miles to Nearest Hospital = mileage from a community to the nearest hospital that may not be the hospital(s) in the HSA, as given in the *1999 New Hampshire Community Profiles*, published by the State Occupational Information Coordinating Committee (SOICC) of New Hampshire.

## Demographic Profile

### Percentage of Population by Age

Shaded and Labeled bars = HSA population profile

Outlined bar = State population profile



Graphics are based on data provided in the Primary Care Data Set, 1993-1997, which stated “State, city, and town population counts for New Hampshire have been obtained by applying the proportions from the 1995 New Hampshire Population Projections for Counties by Age and Sex to the 1995 Population Estimates of New Hampshire Cities and Towns; both of which were prepared by the New Hampshire Office of State Planning (OSP). The population figures for 1995 were chosen for use in calculating rates since this year represents the midpoint of the five years of study, 1993 through 1997... Since the town-specific age and sex population estimates are based on town-wide estimates applied to county level projections, it is assumed that there is an unknown amount of error in the individual components of the estimates. However, when combining towns together to construct HSAs, much of the variability in the town-specific estimates is assumed to be canceled.” *Primary Care Access Data, 1993-1997*

Limited data on population and households from the national 2000 census is provided in the Census 2000 section of the *Regional Profiles*. That data will be updated at the *Regional Profiles* website as it becomes available and should be used when reviewing the “Additional Indicators” section below.

## Health Profile

The points offered below are provided as an overview of the health of the HSA in the three **Regional Profile** focus areas: *Current Health*, *Use of Health Care* and *Risks to Future Health*. These are provided as a representative sample of findings presented in the data tables and should not be construed as the most important findings. Readers are urged to review the data tables to better understand the conditions and circumstances of this HSA.

In some instances, the differences between the HSA and the State are described as significant. This refers to a difference being “statistically significant.”

- When the source of the data is the 1999 NH Health Insurance Coverage and Access Survey (NH HICAS), the difference is significant at the 95% confidence level, i.e., when the range between the upper and lower confidence intervals for the HSA is higher or lower than the range for the State confidence interval (the confidence ranges do not overlap).
- When the source of data is the Primary Care Access Data set (PCAD), a difference is also significant at the 95% confidence level, based on a “z test score,” a test for statistical significance, i.e., when this test statistic is “significant,” there is 95% confidence that the rates being compared are different for reasons other than “random chance.”
- Because a finding is statistically significant, i.e., not due to chance alone, the difference may not be of sufficient magnitude to be practical or meaningful to understanding the health issue or for developing strategies.
- A finding that a difference is not statistically significant may not mean that there is no value to paying attention to the difference, i.e., not being statistically significant does not mean that it is not important or necessary to consider the underlying health issues for indicators that are different between the HSA and the State, particularly on indicators that seem to show a trend or relationship, such as between indicators associated with births.

All rates in this narrative have been age-adjusted. The calculation of age-adjusted rates makes it possible to compare the rates between an HSA and the State. The proportion of the population in each age range varies from HSA to HSA and between an HSA and the State. Thus, it would be misleading to compare HSA rates to the State rate unless the rates were adjusted for this variation in the distribution of age ranges.

Please refer the *Technical Notes* section for an explanation of the age-adjustment calculation and the calculations for statistical significance and confidence intervals.

Unless noted in the text, the data date and source are given in [ ] at the end of each point. Key to abbreviations:

- NHES = New Hampshire Employment Security.
- NH HICAS = *New Hampshire Health Insurance Coverage and Access Survey, 1999*; Office of Planning and Research, Department of Health and Human Services.
- PCAD = *Assessing New Hampshire's Communities: Primary Care Access Data, 1993-1997*; Health Statistics and Data Management Bureau, Office of Community and Public Health.
- UHDDS = Uniform Hospital Discharge Data Set, maintained by the Health Statistics and Data Management Bureau, Office of Community and Public Health.
- US Census = Taken from 1990 Census of Population and Housing Summary Tape File 3A (STF3A), 1990 US Census data, US Department of Commerce.

## Observations on Current Health

- 95% of individuals under age 65 in this HSA characterized their health as “good,” “very good,” or “excellent,” according to findings from the 1999 NH Health Insurance Coverage and Access Survey. This was roughly the same as the State average (94.8%).
- Based on findings of the 1999 NH Health Insurance Coverage and Access Survey, 6.8% of the population under age 65 in this HSA had a chronic condition lasting at least a year. The State average was 5.9%.
- Based on the 1990 US Census, 2.5% of those between 16 and 64 in the HSA were out of the workforce due to a disability. The State average was 2.9%.
- The rate of “premature deaths” (deaths between ages 18 and 64) in the HSA was significantly lower than the State rate: 2.2 per 1000 population, vs. 2.6 per 1000 population. [1993-1997; PCAD]
- The Concord HSA did not differ from the State in the rate of low birth weight births: 53 per 1000 live births, vs. 52 per 1000 live births. [1993-1997; PCAD]

## Observations on Use of Health Care

- 17.9% of residents in the Concord HSA under the age of 65 were not very confident in their ability to get access to health care services. The State rate was 19%. [1999; NH HICAS]
- Slightly more of the residents of the HSA were more likely, compared to the State average, to have a usual source of health care: 94.8% vs. 93.1%. [1999; NH HICAS]
- 86.9% of the individuals under age 65 in the Concord HSA were more likely to have seen a physician in the prior year. This was comparable to the State average of 88.3%. [1999; NH HICAS]
- Based on findings from the 1999 NH Health Insurance Coverage and Access Survey, 21.1% of the population under age 65 in this HSA had not seen a dentist in the prior year. The State average was 21.9%.

**Ambulatory Care Sensitive Conditions** = medical conditions that may not require inpatient hospitalization (a stay of at least one night) if timely and appropriate primary care is received.

- Individuals in the Concord HSA were significantly less likely to be admitted to the hospital for rapid onset ambulatory care sensitive conditions, such as pneumonia and infections. The HSA rate was 6.1 per 1000 population while the State rate of 7.4 per 1000 population. [1993-1998; UHDDS]
- HSA rates (3.4 per thousand population) of hospital admissions for chronic ambulatory care sensitive conditions, such as diabetes and asthma, were significantly lower than the State rate (4.6 per 1000 population). [1993-1998; UHDDS]
- HSA hospital admissions (per 1000 population) for ambulatory care sensitive admissions were significantly lower than the State rate for children and elders. [1993-1997; PCAD]

	<b>HSA</b>	<b>State</b>	<b>Ratio (HSA/State)</b>
Pediatric*	3.4	4.3	0.8
Adult	5.9	6.1	1.0
Elder*	46.6	57.4	0.8

(Pediatric = up to age 18; Adult = 18-64; Elder = 65+)  
 \* = Significantly lower

- HSA hospital admissions (per 1000 population) for injuries were not significantly different from the State rates for three major age categories. [1993-1997; PCAD]

	<b>HSA</b>	<b>State</b>	<b>Ratio (HSA/State)</b>
Pediatric	2.8	3.1	0.9
Adult	6.0	6.2	1.0
Elder	23.9	26.2	0.9

(Pediatric = up to age 18; Adult = 18-64; Elder = 65+)

- For residents of this HSA Medicare (26%) was the dominant payer for inpatient services (services provided to individuals staying at least on night in the hospital). Other pay sources were HMOs (24%), commercial insurance (17%), Medicaid (6%), and self-pay (3%). [1998; UHDDS]

## Observations on Risks to Future Health

- The HSA's unemployment rate (2.1%) was comparable to the State rate (2.7%) in 1999. [NHES]
- 8.7% of children (under age 19) in this HSA received Medicaid and/or Food Stamps. This percent was significantly lower than the State proportion of 9.1%.
- The proportion of adults who received Medicaid and/or Food Stamps was comparable between the HSA and the State: 2.2% vs. 2.1%. [1993-1997; PCAD]
- 24% of families in this HSA had incomes at or below 200% of the federal poverty level, slightly more than the State proportion of 21.4%. [1999; NH HICAS]
- In this HSA, 92.6% of the adults under age 65 completed High School compared to 92.2% for the State as a whole. [1999; NH HICAS]
- Selected birth characteristics for this HSA:
  - ✓ The rate of mothers who smoked during pregnancy (190 per 1000 births) in this HSA was significantly higher than the State rate (176 smoking mothers per 1000 births). [1993-1997; PCAD]
  - ✓ The rate of late or no prenatal care (13 per 1000 live births) for this HSA was significantly lower than the State rate (17 per 1000 live births). [1993-1997; PCAD]
  - ✓ Births to teen mothers in this HSA occurred at a rate of 13.2 per 1000 births. This rate was comparable to the State rate of 14.4 per 1000 births. [1993-1997; PCAD]
  - ✓ The rate of births to unmarried mothers in this HSA was comparable to the State rate: 215 per 1000 births, vs. 223 per 1000 births. [1993-1997; PCAD]

- ✓ The rate of births to mothers who had not completed High School was significantly lower in this HSA compared to the State rate: 99 per 1000 births, vs. 109 per 1000 births. [1993-1997; PCAD]
- ✓ Coverage by Medicaid for deliveries occurred at a rate in this HSA that was significantly less than the State rate: 176 per 1000 births, vs. 207 per 1000 births. [1993-1997; PCAD]
- At 10.3%, the percentage of people under 65 in this HSA without health insurance for some part of the 12 months prior to the 1999 NH Health Insurance Coverage and Access Survey was comparable to the State percentage of 11.4%. [1999; NH HICAS]
- Within the HSA, the percentage of people under 65 without dental coverage (24.4%) was comparable to the State proportion (25.7%). [1999; NH HICAS]

### Additional Observations

By reviewing census data, it is possible to learn much about the people living in a community. Unfortunately, the most recent census available is from the 1990 US Census. It will be helpful to compare data from the 2000 census (which is underway) to that from 1990 to see how this HSA has changed in terms of:

- Households with children headed by single parents – In 1990 in this HSA, 16.6% of the households were headed by a single parent (female headed 12.1%; male headed: 4.5%), compared with the State average of 17% (female headed: 13.1%; male headed 3.9%). [US Census]
- Income distribution – In 1990 in this HSA 14.4% of the families had incomes below \$20,000 and 35.3% had incomes above \$50,000. The State average was 15.2% below \$20,000 and 37.0% above \$50,000. [US Census]
- People isolated by virtue of:
  - ✓ Living alone – This HSA and the State had the same proportion of single person households: 21.8%. [1990; US Census]
  - ✓ Not speaking English – In this HSA 0.8% of the households were linguistically isolated compared to the State proportion of 1.5%. [1990; US Census]
  - ✓ Not owning a vehicle – In this HSA, 17.1% of the population had no personal transportation available compared to the State average of 16.1%. [1990; US Census]
- The stability of the population as reflected in:
  - ✓ Not relocated over the last 5 years – In this HSA, 46.7% of the population had lived in the same household more than 5 years compared to the State average of 47.8%. [1990; US Census]
  - ✓ Owned rather than rented – In this HSA, 77.4% of the population lived in owner occupied homes compared to the State average of 73.6%. [1990; US Census]